

BEST AVAILABLE COPY

| POSITION            | INITIALS               | ID NO.                     | DATE                               |
|---------------------|------------------------|----------------------------|------------------------------------|
| FEE DETERMINATION   |                        |                            |                                    |
| O.I.P.E. CLASSIFIER |                        |                            |                                    |
| FORMALITY REVIEW    | <i>AB</i><br><i>Em</i> | <i>JC980</i><br><i>927</i> | <i>04-26-01</i><br><i>07/26/01</i> |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date     |  |  |  |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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